

# **BID SPECIFICATIONS**

## **ADDENDUM #1**

### **RFP NO. 0910-22**

THE FOLLOWING SPECIFICATIONS NEED TO BE USED TO REPLACE THE SECTIONS MENTIONED FOR THE ORIGINAL SPECIFICATIONS PROVIDED AS NOTED:

2.0 – SCOPE: PAGE 2

2.1 DELETE: “an oxygen administration fee, and also fees as applicable for IV solutions, cardiac monitor, cervical collar and/or backboard, intubation, medications etc.”  
REPLACE WITH: “**an ambulance fee and mileage.**”

4.0 – SERVICES TO BE PROVIDED BY VENDOR: PAGE 3

4.15 (8) DELETE  
REPLACE WITH: “**Ambulance fees and mileage**”

5.0 – RESPONSIBILITIES OF THE COUNTY: PAGE 5

5.4 ADD: “**(This will include NPP and signature authorizations)**”

**THE FOLLOWING QUESTIONS ARE BEING ANSWERED PER REQUESTS**

1. IS GULF COUNTY CURRENTLY USING AN ELECTRONIC PATIENT CARE REPORTING (ePCR) SYSTEM? IF SO, WHAT SYSTEM? **YES, EMS CONSULTANTS “ART” , CURRENTLY LEASING SOFTWARE, COUNTY OWNS CURRENT HARDWARE**
2. IF YOU ARE NOT CURRENTLY USING AN ePCR SYSTEM, ARE YOU INTERESTED IN PROPOSALS THAT INCLUDE ePCR AS PART OF THE BILLING PROGRAM? **SECTION 22.4 (2) ADDRESSES THIS REQUIREMENT. ABILITY OF OFFEROR TO PROVIDE THE REQUIRED SERVICES IN REGARDS TO THE REQUIREMENTS OF EQUIPMENT AND SOFTWARE,**
3. CAN YOU PROVIDE THE NUMBER OF AVERAGE LOADED MILES PER TRANSPORT? **THIS VARIES: WE TRANSPORT TO WEEMS: 24 MILES, BMC: 36 MILES, GCH: 41 MILES AND SHH IN PORT ST. JOE. TOTAL NUMBER OF MILES IS INCLUDED IN ATTACHEMENTS IN THIS ADDENDUM.**
4. PLEASE DESCRIBE THE COUNTY’S PROCESS FOR NPP DISTRIBUTION. **THIS DOCUMENTATION IS HANDED OUT AND SIGNED FOR WHEN THE PATIENT IS IN THE AMBULANCE. IF THE PATIENT CANNOT SIGN, THE DOCUMENTS ARE MAILED TO THE PATIENT’S RESIDENCE.**
5. PLEASE PROVIDE THE COUNTY’S CURRENT BILLING CHARGE LIST **PLEASE SEE ATTACHMENTS**
6. FOR FISCAL YEAR 2009, PLEASE PROVIDE A BREAKDOWN OF THE COUNTY PAYOR MIX BY PRIMARY PAYER. **PLEASE SEE ATTACHMENTS**

7. FOR FISCAL YEAR 2009, PLEASE PROVIDE THE NUMBER OF TRANSPORTS FOR EACH CALL TYPE:
- a. ALS EMERGENCY
  - b. ALS NON-EMERGENCY
  - c. BLS EMERGENCY
  - d. BLS NON-EMERGENCY
  - e. ALS 2
8. SPECIALTY CARE TRANSPORT (SCT) PLEASE SEE ATTACHMENTS

**ATTACHMENT 1 – LIST OF CHARGES BY PAYCODE – GULF EMS FY 2009**

**ATTACHMENT 2 – LIST OF CHARGES BY PAYCODE – GULF EMS FY 2010 YTD**

**ATTACHMENT 3 – LIST OF CHARGES BY PAYCODE – WEWA EMS FY 2009**

**ATTACHMENT 4 – LIST OF CHARGES BY PAYCODE – WEWA EMS FY 2009**

**ATTACHMENT 5 – LIST OF CHARGES BY HCPCS CODE – GULF EMS FY 2009**

**ATTACHMENT 6 – LIST OF CHARGES BY HCPCS CODE – WEWA EMS FY 2009**

**BID SPECIFICATIONS**  
**ADDENDUM #2**  
**RFP NO. 0910-22**

After the Pre-Bid Conference today, several items came up that need to be clarified and addressed. They are as follows:

1. Insurance information is compiled at the scene.
2. The current ePCR system in use is the Itronix DUO-TOUCH
3. We currently have 5 ePCR's on trucks and the need is 6
4. On item 4.12: The County is requiring SAS-70 reporting.
5. The County will rely on the vendor to transition all accounts receivable and pursue collections on those.
6. For clarification: In Section 2.2, please delete the collection portion of that statement, if you do not provided collection services. The County has the ability for our local institution to have a lockbox to accept all payments, if necessary.
7. Section 4.24: If the Vendor does not collect payments, please delete this item. The County will handle all requests presented from Vendor for refunds.